YORK COUNTY SHERIFF'S OFFICE

REPORT OF COMPLAINT AGAINST LAW ENFORCEMENT PERSONNEL

CONFIDENTIAL

Name of complainant:				
Address where you can be	contacted?			
Phone number:	Home:	Work:		
Date and time of incident:				
Location of incident:				
Name of deputy(s) or empl marks (car number, unit nu		whom complaint is being filed, or other identifying		
Name:				
Id#:		Rank:		
Vehicle:		Unit#:		
Name:				
Id#:		Donk		
Vahiala:		I Init#.		
Name:				
		Rank:		
Vehicle:		Unit#:		
Name(s), address, phone not if applicable:	umber or other io	dentifying information concerning any witnesses,		
Statement of allegation:				

I understand that this statement of complaint is being submose the basis for an internal investigation. Further, I truthful are complete, accurate and true to the best of my knowledge statement has been made by me voluntarily without persuase. I understand that I can be criminally charged, if it is determined investigated and later reviewed by a complaint review boat agree to appear before a Board of Inquiry or internal affairmatters relevant to this complaint.	ly declare and affirm that ge and belief. Further, I dion, coercion or promise of the fact of the facts and. By signing and filing	the facts contained herein eclare and affirm that my of any kind. see report. of this complaint will be g this complaint, I hereby
Signature of Complainant	Date	
Signature of Person Receiving Complaint	Date	Time Received